

**Massachusetts Department of Public Health
Amherst Drug Laboratory**

Review Checklist

Lab #:_____

Analyst:_____

| | Review Items | Yes | No | Not Applicable | Comments |
|-----------|--|------------|-----------|-----------------------|-----------------|
| A | Documents Present | | | | |
| 1 | Copy of Drug Receipt | | | | |
| 2 | Copy of Receipt to Lab | | | | |
| 3 | Copy of Receipt to Safe | | | | |
| 4 | Copy of Drug Return Receipt | | | | |
| 5 | Copy of Analysts Results Sheet | | | | |
| 6 | Copy Of Balance Sheet | | | | |
| 7 | Copy Of Laboratory Notes | | | | |
| 8 | Copy Of GC Sequence | | | | |
| 9 | Copy Of GC Standards and Blank | | | | |
| 10 | Copy Of GC Samples | | | | |
| 11 | Copy Of Tune Report | | | | |
| 12 | Copy Of MS Sequence | | | | |
| 13 | Copy Of MS Standards and Blank | | | | |
| 14 | Copy Of MS Samples | | | | |
| 15 | Copy Of Certificate of Analysis | | | | |
| | | | | | |
| B | Preliminary Tests | | | | |
| 1 | Are all notes legible, organized and easy to understand | | | | |
| 2 | Do notes contain accurate description of sample | | | | |
| 3 | Color Test Performed and Accepted | | | | |
| 4 | Micro Crystalline Test Preformed and Accepted | | | | |
| 5 | Sampling Techniques Accepted | | | | |
| 6 | Math Calculations Accepted | | | | |
| 7 | Net Weight Documented | | | | |
| 8 | Are the weights reported appropriately and are the proper units noted? | | | | |

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| | | | | | |
|-----------------------------|---|------------|-----------|-----------------------|-----------------|
| 9 | Macroscopic Test Preformed and Accepted | | | | |
| 10 | Microscopic Test Preformed and Accepted | | | | |
| | Review Items | Yes | No | Not Applicable | Comments |
| 11 | Micromedex Match Accepted | | | | |
| 12 | Literary Search Match Accepted | | | | |
| 13 | GC Test Performed and Accepted | | | | |
| 14 | TLC Test Performed and Accepted | | | | |
| C. Confirmatory Test | | | | | |
| | GC/MS | | | | |
| 1 | Tune Performed and Accepted | | | | |
| 2 | Sequence Log Accepted | | | | |
| 3 | Standards Performed and Accepted | | | | |
| 4 | Blank Performed and Accepted | | | | |
| 5 | Sample Accepted | | | | |
| 6 | Library Search Accepted | | | | |
| | FTIR | | | | |
| 1 | Standard Accepted | | | | |
| 2 | Sample Accepted | | | | |
| 3 | Library Search Accepted | | | | |
| | | | | | |
| D Reporting | | | | | |
| 1 | Drug Receipt Signed and Correct | | | | |
| 2 | Receipt to Lab Initialed | | | | |
| 3 | Receipt to Safe Initialed | | | | |
| 4 | Drug Return Receipt Signed and Correct | | | | |
| 5 | Analysis Results Sheet Completed and Correct | | | | |
| 6 | Certificate of Analysis Completed and Correct | | | | |

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Review Checklist

Lab #:_____

Analyst:_____

Identification of Substance:

Reviewer Signature: _____

Date: _____